



Application No. (if known): 10/551,607

Attorney Docket No.: 17195/005001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM011786906US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 23, 2007  
Date

Signature

Sarah J. Buta

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment (3 pages)  
Amendment Transmittal (1 page)  
Return Receipt Postcard



07-24-07

Ih

AMENDMENT TRANSMITTAL LETTER				Docket No. 17195/005001	
Application No. 10/551,607-Conf. #6521 ✓		Filing Date September 30, 2005		Examiner C. J. Saoud	
				Art Unit 1647	
Applicant(s): Yasuhiko Tabata et al.					
Invention: ISCHEMIA THERAPEUTIC AGENT					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =	0	x 25.00	0.00
Independent Claims	1	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jonathan P. Osha Attorney/Agent Reg. No.: 33,986				Dated: <u>July 23, 2007</u>	
OSHA · LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600					



Docket No.: 17195/005001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Yasuhiko Tabata et al.

Application No.: 10/551,607

Confirmation No.: 6521

Filed: September 30, 2005

Art Unit: 1647

For: ISCHEMIA THERAPEUTIC AGENT

Examiner: C.J. Saoud

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**22511**  
PATENT TRADEMARK OFFICE

Dear Sir:

In response to the Restriction Requirement dated June 21, 2007, please reconsider this application in view of the following.